

738950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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10 OCT 27 PM 3:29  
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TALLAHASSEE, FLORIDA

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October 8, 2010

RE: PLEASE SEE ATTACHED LIST.

*no money*

Department of State  
Division of Corporations  
Clifton Building  
261 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for the above corporation. Also enclosed is 1 check in the amount 175.00 to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self- address envelope.

Very truly yours,

C T CORPORATION SYSTEM

*Theresa Alfieri*

Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA:lf  
Enclosure

*called 10/21  
sending her*

RECEIVED  
10 OCT 18 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MARGATE MOOSE LODGE NO.2201, LOYAL ORDER OF MOOSE. (FL. DOM.)

PERRY LODGE NO. 2353, LOYAL ORDER OF MOOSE, INC. (FL. DOM.)

POINCIANA LODGE NO.2409, LOYAL ORDER OF MOOSE. (FL. DOM.)

SOUTH MIAMI LODGE NO. 2229 LOYAL ORDER OF MOOSE, INC. (FL. DOM.)

ST. AUGUSTINE LODGE NO. 1017, LOYAL ORDER OF MOOSE, INC. (FL. DOM.)


**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, C T CORPORATION SYSTEM  
(Name of Registered Agent)  
hereby resigns as Registered Agent for ST. AUGUSTINE LODGE NO.1017, LOYAL ORDER  
OF MOOSE INC. (FL. DOM.)  
(Name of Corporation)

738950  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.

  
(Signature of Resigning Agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - THERESA ALFIERI  
(Typed or Printed Name)

ASSISTANT SECRETARY  
(Capacity)

FILED  
10 OCT 27 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**  
\$87.50 - Active corporation  
\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**